

Check A But  
Paralogical Specimens

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM 3-875)

SERIAL NO.

FILING DATE

APPLICANT'S

09/980568

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1				
2						
3	1					
4		1				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11	1					
12		1				
13						
14						
15		3				
16		3				
17		3				
18		3				
19		3				
20	1					
21		1				
22		2				
23		2				
24		1				
25						
26		2				
27		1				
28		2				
29		2				
30		2				
31	1					
32		1				
33						
34		1				
35						
36						
37		4				
38						
39	1					
40		2				
41		2				
42						
43	1					
44						
45						
46		2				
47						
48			1			
49				1		
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60			1			
61				1		
62			1			
63				1		
64						
65						
66						
67						
68						
69						
70						
71			1			
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82			1			
83						
84						
85						
86						
87						
88						
89						
90			1			
91				1		
92						
93			1			
94				1		
95						
96			1			
97						
98						
99						
100						
TOTAL IND.			9			
TOTAL DEP.				4		
TOTAL CLAIMS			50			